OUT OF STATE APPLICATION FOR ADMINISTRATOR EXCHANGE LICENSE CHECKLIST

Incomplete applications will delay processing. Please double check:

| Have | e you completed section I? |
|--------|---|
| tit | e you attached official transcripts of all college credits including transferred credits? Course les must show on the transcripts. Course numbers only or total credits transferred do not ovide adequate transfer information. |
| | e you enclosed your check or money order which includes the evaluation and processing fees 60) and the fee for issuance of the license (\$85)? |
| (-1 | e you verified sufficient teaching and administrator experience? At least three years of teaching experience are necessary to qualify for an Administrator cense.) |
| (-7 | Three years of administrative experience are necessary to qualify for a superintendent dorsement.) |
| Yo | ou may use our form or a letter from an administrator in the employing school district on hool letterhead stating the nature, and dates of your assignment. |
| • | u hold a valid or expired administrator license from the state in which you completed your ucational administration program, have you enclosed a photocopy of the license? |
| \$5 | e you enclosed, or sent separately, your completed fingerprint card and waiver form, and the 2 background check fee? (This fee and the fees for the processing and license may be mbined in a single check or money order.) |
| If (5) | you need a card, request it from our website, www.boee.iowa.gov/FPPktReq.html or call 15)281 3611 to leave your name and address and request a fingerprint packet. The packet will mailed on the same or next business day. |
| Have | e you signed and dated the application? |

Enclose check or money order DO NOT **SEND** CASH

Application For An Administrator Exchange License

State of Iowa **Board of Educational Examiners** Licensure

Grimes State Office Building Des Moines, Iowa 50319-0146

Revised 4/07

Year

INSTRUCTIONS:

Folder # (If assigned)

- Complete <u>Section I.</u>
 Enclose the \$60.00 nonrefundable evaluation fee.
- 3. Enclose a \$85.00 nonrefundable licensure fee. Total Items 2 & 3 and remit ONE Check or Educational Examiners.

money order, made payable to the Board of

Month

Date of Birth

4. Attach official college/university transcripts.

Section I - To be completed by Applicant

- 5. Have Section II completed. This section is to be completed only by the recommending official at the non-lowa institution where the applicant completed the educational administration program. Do not detach the requirement pages until Section II has been completed.
- 6. Attach a copy of your out of state Administrator License.
- 7. Verify any full-time (160 school days per school year) teacher and/or administrator experience on the enclosed form (make as many copies as necessary. Three years of teaching experience are needed for the principal endorsement.

Three years of experience as a K-12 school administrator are needed for the superintendent endorsement.

Social Security #

8. Complete the fingerprint packet information. Enclose the \$52 fee (the entire \$197 fee may be on a single check or money order.)

NOT NEEDED IF YOU HAVE EVER HELD AN IOWA TEACHER OR ADMINISTRATOR LICENSE

9. Send all materials to the address that appears in the upper right hand corner of this page.

NOTE: Photocopies or copies by fax of any application forms or experience verification forms will not be accepted. Original signatures are needed.

| ☐ Male Last Name | First Name | Middle Name | Maiden Name | | | | | | |
|--|-----------------------------------|--|--|--|--|--|--|--|--|
| Female | I | I | 1 | | | | | | |
| Street and number | City | I State | | | | | | | |
| 1 | | 1 | | | | | | | |
| l | l | | | | | | | | |
| Home Phone | Work Phone | Email Address | | | | | | | |
| () | () | | | | | | | | |
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| 5 | | | <u> </u> | | | | | | |
| Background Information: | | | | | | | | | |
| For any "Yes" response attach a written explanation on 8 1/2 x 11" paper. Be sure to include the date of the violation. DO NOT explain on this application form. *If you have reported a "Yes" response on a previous application, check PR (previously reported) instead of "Yes" on this | | | | | | | | | |
| application if no further conviction(s) has occurred. | | | | | | | | | |
| a. Yes No PR Have you ever been convicted of a felony? | | | | | | | | | |
| | | other than parking or speeding violat | ions (report any OWIs)? | | | | | | |
| | | ild abuse made against you? | | | | | | | |
| d. Yes No PR Have you ev | er had an educational license | e revoked or suspended? | | | | | | | |
| Statement of Fraud: Fraud in procureme | ent of a license or falsifying re | ecords for licensure nurnoses will con | stitute grounds for filing a complaint | | | | | | |
| with the Iowa Board of Educational Exami | | vecture for incompany purposes will sent | ontate grounds for ming a complaint | | | | | | |
| | | | | | | | | | |
| I certify under penalty of perjury and pursu | uant to the laws of the state o | f lowa that the preceding information | is true and correct. | | | | | | |
| | | | | | | | | | |
| Signature of Applicant | | Date | | | | | | | |
| | | | | | | | | | |
| Degrees held and conferred: | | | | | | | | | |
| Dogrood field and definemed. | | | | | | | | | |
| Bachelor's: / / | | Master's: / / | | | | | | | |
| Month Day Year | Institution | Month Day Year | Institution | | | | | | |
| Chariolist's: / / | - | Nectorate: / / | | | | | | | |
| Specialist's:// | L | Octorate:// Month Day Year | Institution | | | | | | |
| Monut Bay real | Histitution | Month Day Teal | Montation | | | | | | |
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| Do you hold a valid Teaching License in the state where you completed your teacher preparation? Yes No (If yes, please attach a copy of the license.) | | | | | | | |
|--|---|------|--|--|--|--|--|
| Do you hold a valid Administrator License in the No | ense in the state where you completed your Admin. Program? Yes (If yes, please attach a copy of the license.) | | | | | | |
| | | | | | | | |
| Section II: (To be completed by University Recommending Official I verify that the applicant has completed our master's degree program in school administration | | | | | | | |
| Principal (elementary) Principal | (secondary) Principal (all levels PK-12) | | | | | | |
| Principal (all levels PK-12 including special e | education) Superintendent | | | | | | |
| Institution Name | Signature of Recommending Official | Date | | | | | |
| | Typed Signature of Recommending Official | | | | | | |

Administrative Endorsements

189 --- PK-12 principal and PK-12 supervisor of special education:

- a. Authorization. The holder of this endorsement is authorized to serve as a principal of programs serving children from birth through grade twelve, a supervisor to instructional special education programs with children from birth to the age of 21, and a supervisor of support for special education programs for children from birth to the age of 21 (and to a maximum allowable age in accordance with lowa Code section 256B.8).
- b. Program requirements.
- -(1) Degree-master's.
- -(2) Content: Completion of a sequence of courses and experiences which may have been a part of, or in addition to, the degree requirements.
- --1. Knowledge of early childhood, elementary, early adolescent, and secondary level administration, supervision, and evaluation.
- --2. Knowledge and skill related to early childhood, elementary, early adolescent, and secondary level curriculum development.
- --3. Knowledge of child growth and development from birth through adolescence and developmentally appropriate strategies and practices of early childhood, elementary, and adolescence, to include an observation practicum.
- --4. Knowledge of family support systems, factors which place families at risk, child care issues, and home-school community relationships and interactions designed to promote parent education, family involvement, and interagency collaboration.
- --5. Knowledge of school law and legislative and public policy issues affecting children and families.
- --6. Completion of evaluator training component.
- --7. Knowledge of current issues in special education administration.
- --8. Planned field experiences in elementary and secondary school administration including special education administration.
- -(3) Competencies: Completion of a sequence of courses and experiences which may have been a part of, or in addition to, the degree requirements. A school administrator is an educational leader who promotes the success of all students by accomplishing the following competencies.
- --1. Facilitates the development, articulation, implementation, and stewardship of a vision of learning that is shared and supported by the school community.
- --2. Advocates, nurtures, and sustains a school culture and instructional program conducive to student learning and staff professional growth.
- --3. Ensures management of the organization, operations, and resources for a safe, efficient, and effective learning environment.
- --4. Collaborates with families and community members, responds to diverse community interests and needs, and mobilizes community resources.
- --5. Acts with integrity, fairness, and in an ethical manner.
- --6. Understands, responds to, and influences the larger political, social, economic, legal, and cultural context.
- c. Other.
- -(1) The applicant must have had three years of teaching experience at the early childhood through grade twelve level.
- -(2) Graduates from institutions in other states who are seeking initial lowa licensure and the PK-12 principal and PK-12 supervisor of special education endorsement must meet the requirements for the standard license in addition to the experience requirements.

171 Superintendent/AEA administrator.

- a. Authorization. The holder of this endorsement is authorized to serve as a superintendent from the prekindergarten level through grade twelve or as an AEA administrator.
- NOTE: This authorization does not permit general teaching, school service, or administration at any level except that level or area for which the practitioner holds the specific endorsement(s).
- b. Program requirements.
- -(1) Degree-specialist-(or its equivalent: A master's degree plus at least 30 semester hours of planned graduate study in administration beyond the master's degree).
- -(2) Content: Through completion of a sequence of courses and experiences which may have been part of, or in addition to, the degree requirements, the administrator has knowledge and understanding of:

- --1. Models, theories, and practices that provide the basis for leading educational systems toward improving student performance.
- --2. Federal, state and local fiscal policies related to education.
- --3. Human resources management, including recruitment, personnel assistance and development, evaluation and negotiations.
- --4. Current legal issues in general and special education.
- --5. Noninstructional support services management including but not limited to transportation, nutrition and facilities.
- -(3) Practicum in PK-12 school administration. In the coursework and the practicum, the administrator facilitates processes and engages in activities for:
- --1. Developing a shared vision of learning through articulation, implementation, and stewardship.
- --2. Advocating, nurturing, and sustaining a school culture and instructional program conducive to student learning and staff professional growth.
- --3. Ensuring management of the organization, operations, and resources for a safe, efficient, and effective learning environment.
- --4. Collaborating with school staff, families, community members and boards of directors; responding to diverse community interests and needs; and mobilizing community resources.
- --5. Acting with integrity, fairness, and in an ethical manner.
- --6. Understanding, responding to, and influencing the larger political, social, economic, legal, and cultural context.
- c. Other. The applicant must have had three years of experience as a building principal or other PK-12 districtwide or area education agency administrative experience.

Experience Verification Form

State of Iowa
Board of Educational Examiners
Licensure
Grimes State Office Building
Des Moines, IA 50319-0146

| Folder Number (if known) | Social Security Numb | er | | | | | | | |
|---|---|---------------------------|---|---------------------------|--|--|--|--|--|
| | | | | | | | | | |
| Section I: (To be completed by applicant.) | | | | | | | | | |
| | | | | | | | | | |
| Name: | First | | Middle | | | | | | |
| | | | | | | | | | |
| Address: | City | | State | Zip | | | | | |
| Succi | City | | State | Σip | | | | | |
| Telephone: () | | (|) | | | | | | |
| Hom | ie . | | Work | | | | | | |
| 2. To be completed by administrator I hereby verify that the above-named applicant served successfully as a teacher or administrator in this school district during the dates indicated below, based on a local evaluation process. (If verifying only substitute teaching, please complete lines d, e, f, and g). | | | | | | | | | |
| a) | | dates in district | , list beginning and end | ling month and year dates | | | | | |
| b) | b) specific grade(s) taught or administered | | | | | | | | |
| c) | | subject area / d | - subject area / disability area / or administrative area | | | | | | |
| d) | | school district/ college | | | | | | | |
| e) | | city | | | | | | | |
| f) | | state, if other than Iowa | | | | | | | |
| g) | | days in district | , of only substituting | | | | | | |
| Signature of Administrator | Date | | | | | | | | |
| | Telephone #: | | | | | | | | |
| Typed Signature of Administrator | Area Code | | | | | | | | |

NOTICE--RETURN TO APPLICANT--DO NOT MAIL DIRECTLY TO BOARD OF EDUCATIONAL EXAMINERS

NOTE: Photocopies or copies by fax of any application form or experience verification form will not be accepted. Original signatures are needed.

NOTE TO ADMINISTRATOR: If in your judgment you are convinced that the applicant above should not be given licensure, at least until further investigation is made, do not sign this form and please write a CONFIDENTIAL LETTER to the above address stating your reasons.